



FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 218-06		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska State Hospital & Nursing Home Association, 426 Main Street, Juneau, AK 99801					
4. Employer Identification Number 92-0034538		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/1/2006		To: (Month, Day, Year) 6/1/2008		9. Period Covered by this Report From: (Month, Day, Year) 4/1/2008	
				To: (Month, Day, Year) 6/30/2008	
10. Transactions:			I Previously Reported	II This Period	III Cumulative
a. Total outlays			7,317,031.65	241,794.82	7,558,826.47
b. Recipient share of outlays			4,426,419.95	191,406.13	4,617,826.08
c. Federal share of outlays			2,890,611.70	50,388.69	2,941,000.39
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					2,941,000.39
h. Total Federal funds authorized for this funding period					3,000,000.00
i. Unobligated balance of Federal funds (Line h minus line g)					58,999.61
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate NA		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. This 269A reflects corrections in two figures: previously reported total outlays (col I, line 10a), and previously reported recipient share of outlays (col. I, line 10b); the numbers above vary from the cumulative figures of the previous report.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Rod Betit, President & CEO, ASHNHA				Telephone (Area code, number and extension) 907-586-1790	
Signature of Authorized Certifying Official 				Date Report Submitted August 1, 2008	

ACCEPTED